Text

Description automatically generated**Membership Form**

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| **Name** |  | | **Email address** |  | |
| **Mailing address** |  | | | | |
| **Current position and affiliation (if applicable)** | |  | | | |
| **Research and professional interests** | |  | | | |
| **Are you willing to serve on CCWH committees or the CCWH Board?** | | | | | * Yes * No |
| **Who told you about the CCWH?** | |  | | | |
| Please indicate the type of membership:   * New membership * Membership renewal * Gift membership   The CCWH offers different membership levels based on member income. All members have access to all CCWH resources. Please check your membership level.   * Income under $30,000 ($0—no cost for membership) * Income $30,001-$50,000 ($25 for one year) * Income $50,001-$75,000 ($55 for one year or $150 for three years) * Income $75,001-$100,000 ($85 for one year or $235 for three years) * Income over $100,000 ($110 for one year or $300 for three years)   Membership in the CCWH runs from January 1 to December 31.  Donations support the CCWH’s awards and other expenses. If you would like to donate, please check the box below and enter the amount.   * Please use my donation to support CCWH awards * Please use my donation to support the CCWH mentorship program * Please use my donation where it is most needed   Enter the amount you would like to donate: | | | | | |
| **Enter the total amount (US dollars) enclosed:** | | | | | |

Please make checks or money orders payable to the CCWH. Mail this form and payment to:

Dr. Pamela Stewart

1313 N. 2nd Street #1508

Phoenix, AZ 85004

*Donations by CCWH members and other patrons support awards and other outreach initiatives. Within the United States, the CCWH is a 501(c)(3) nonprofit organization, and all contributions are tax deductible.*